I'm attaching non-competitive requests for the MCOs, Contract Summary Sheets for MCOs, and amendment for MCOs. There are two amendments: one is for Select; the other applies to all of the other MCOs with the exception of UAHC. The language applies to UAHC, however the term of UAHC (per contract summary sheet and non-competitive request) ends 06/30/2006.

Alma Chilton
Contract Coordinator
Bureau of TennCare
310 Great Circle Road
Nashville, TN 37243
Phone: 615-507-6384

Fax: 615-253-5414

Email: Alma.Chilton@state.tn.us

CONTRACT #4 RFS # 318.66-026

Department of Finance & Administration/Bureau of TennCare

VENDOR: Volunteer State Health Plan, Inc. (TennCare Select)

APP	ROVED	
Con		nce & Administration

A REQUEST CAN NOT I	ns below indicates specific info BE CONSIDERED IF INFORMAT ACH OF THE REQUIREMENTS I	TION PROVIDE	nust be individually detailed or add D IS INCOMPLETE, NON-RESPONS AS REQUIRED.	ressed <u>as required.</u> SIVE, OR DOES NOT			
RFS# 318.66-0)26						
STATE AGENCY NAME:	Deparatment of Finance and	d Administratio	on, Bureau of TennCare				
SERVICE CAPTION:	Provides TennCare covered MCO's fail.	l services to c	hildren in State custody and provi	des a safety net should other			
CONTRACT # FA-02-14632-00			PROPOSED AMENDMENT#	12			
CONTRACTOR:	TRACTOR: Volunteer State Health Plan, Inc.						
CONTRACT START DATE: Jul			July 1, 2001				
CURRENT, LATEST POSS (including ALL options to ext		12/31/2005					
CURRENT MAXIMUM LIAB	BILITY:	\$286,520,36	61.90				
LATEST POSSIBLE END D (including ALL options to ext	OATE <u>WITH</u> PROPOSED AME tend)	ENDMENT:	12/31/2006				
TOTAL MAXIMUM COST W (including ALL options to ext	<u>VITH</u> PROPOSED AMENDME tend)	ENT:	\$405,207,202.90				
APPROVAL CRITERIA : (select one)	use of Non-Competiti	ive Negotiati	on is in the best interest of the	state			
	only one uniquely qu	alified servic	ce provider able to provide the	service			
ADDITIONAL REQUIRED R	REQUEST DETAILS BELOW	(address ead	ch item immediately following the	requirement text)			
(1) description of the prop	oosed additional service and	d amendment	t effects :				
abuse requirements consise updates various Reform requ	ent with the newly formed Offic	ce of Inspector of requirements	requirements related to Risk requirements related to Risk requirements, strengthens Third Partys, adds additional Disease Managinges.	v Liability (TPL) requirements.			

(2) explanation of need for the proposed amendment :	
It is necessary to amend this MCO agreement to extend the term as well as clarify TennCare changes recently approved be the courts. Specifically, the language conforms to changes specified in item (1) above as well as provides needed amend requirements and language clarifications.	y CMS and led financial
(3) name and address of the proposed contractor's principal owner(s): (not required if proposed contractor is a state education institution)	
BlueCross BlueShield 801 Pine St Chattanooga,TN 37402	
(4) documentation of OIR endorsement of the Non-Competitive procurement request : (required only if the subject service involves information technology)	
select one: Documentation Not Applicable to this Request Documentation Attached to this Re-	quest
(5) documentation of Department of Personnel endorsement of the Non-Competitive procurement request : (required only if the subject service involves training for state employees)	
select one: Documentation Not Applicable to this Request Documentation Attached to this Re	quest
(6) description of procuring agency efforts to identify reasonable, competitive, procurement alternatives rather the non-competitive negotiation :	an to use
This Contractor is currently providing a network of services for the TennCare Program. This is an amendment to current co	ontract.
(7) justification of why the F&A Commissioner should approve a Non-Competitive Amendment :	
The Bureau of TennCare is attempting to modify all of the MCO contracts to conform to recent changes in the Program. I amendment will allow continuation of services to the enrollees and further clarify their responsibilities, as well as modify fin administration requirements. TennCare would greatly appreciate the approval of this amendment by the Department of Fin Administration.	ancial
AGENCY HEAD REQUEST SIGNATURE: (must be signed by the ACTUAL procuring agency head as detailed on the Signature Certification on file with OCR — signature by an authorized signatory will be accepted only in documented exigent circumstances)	
SIGNATURE DATE:	

		SHEET					
RFS Number:	318.66-026			Contract Number:	FA-02-14632-12	2	
State Agency:	Department of Finance	and Administration		Division: Bureau of TennCare			
	C	ontractor		Contr	act Identification	Number	_
VSHP (TennCa	are Select)			□ V-			
			Service Description		•		
Managed Care	Organization Service	ces (ASO) / Medically	necessary Health Ca	are Services to the	TennCare / Medi	caid Population	
	Contra	act Begin Date		Contract End Dat	te		
7/1/2001 12/31/2006							
Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code	
318.66	532	134	11	STARS			
			Interdepartmental		Total Contract	Amount (includin	g
FY	State Funds	Federal Funds	Funds	Other Funding		nendments	_
2002	\$ 6,755,937.23	\$ 11,843,931.25			\$	18,599,868.4	48
2003	\$ 15,785,123.40	\$ 17,294,819.40			\$	33,079,942.8	30
2004	\$ 25,125,990.72	\$ 38,364,165.90	4.6		\$	63,490,156.6	32
2005	\$ 58,007,447.00				\$	116,014,894.0	00
2006	\$58,007,447.00	\$58,007,447.00				\$116,014,894.0	00
2007	\$29,003,723.50					\$58,007,447.0	<u> </u>
Total:	\$192,685,668.85	\$ 212,521,534.05			\$	405,207,202.9	9 0
CFDA#	93.778 Title XIX Dep	t. of Health &Human S	ivcs.		Check the box ONL	Y if the answer is Y	ES:
	State F	iscal Contract		Is the Contractor a SUBRECIPIENT? (per OMB A-133)			
Name: Address: Phone:	Scott Pierce Great Circle Road Nashville, TN		310	Is the Contractor a Vendor? (per OMB A-133)			
riione.	(615)507-6415			is the Fiscal Year Funding STRICTLY LIMITED?			
Pr	ocuring Agency Bud	get Officer Approval S	Signature	Is the Contractor on STARS?			
Scott Pierce	ŧ			Is the Contractor's FO	ORM W-9 ATTACHE	D?	_
		·	1	Is the Contractor's Fo	orm W-9 Filed with A	Accounts?	
	COMPLETE FOR A	ALL AMENDMENTS (o	nly)		unding Certificat		
		Base Contract & Prior		Pursuant to T.C.A., Se			
		Amendments	This Amendment ONLY	Commissioner of Final			
	CT END DATE:	12/31/2005	12/31/2006	there is a balance in the required to be paid that			is
FY: 2002		\$ 18,599,868.48		obligations previously			
FY: 2003		\$ 33,079,942.80					
FY: 2004		\$ 63,490,156.62				_:	* .
FY: 2005		\$116,014,894.00 \$55,335,500.00	\$60.670.304.00				
FY: 2006 FY: 2007		φοσ,οδο,ουυ.00	\$60,679,394.00				
1.2007	Total	\$ 286,520,361.90	\$58,007,447.00 \$118,686,841.00			•	
	iotalii	Ψ ZOU,UZU,UO 1.9U	1 D110.000.041.UU	1			

CONTRACT #5 RFS # 318.66-027

Department of Finance & Administration/Bureau of TennCare

VENDOR:
UAHC of Tennessee (formerly
Omni Health Plan)

APPROVED			
•			
Commissioner of	Finance & Adm	inistration	
Date:			

	.a. parti propries et la						
A REQUEST CA	N NOT B	s below indicates specific inf E CONSIDERED IF INFORMA CH OF THE REQUIREMENTS	TION PROVIDE	<u>nust</u> be individually detailed or add ID IS INCOMPLETE, NON-RESPONS 'AS REQUIRED.	lressed <u>as required.</u> BIVE, OR DOES NOT		
RFS# 3	318.66-02	7					
STATE AGENCY NA	AME:	Deparatment of Finance an	nd Administrati	on, Bureau of TennCare			
SERVICE CAPTION: Managed Care Organization Services/Medically Necessary Health Care Services to the TennCare/Medicald Population					ervices to the		
CONTRACT # FA-02-14862-00			PROPOSED AMENDMENT # 9				
CONTRACTOR:		UAHC of Tennessee (forme	eriy Omni Hea	ith Plan)			
CONTRACT START DATE:			July 1, 2001				
CURRENT, LATEST POSSIBLE END DATE : (including ALL options to extend)			12/31/2006				
CURRENT MAXIMUI	M LIABI	LITY:	\$1,263,219,	612.67			
LATEST POSSIBLE (including ALL option		ATE <u>WITH</u> PROPOSED AM and)	ENDMENT:	06/30/2006			
TOTAL MAXIMUM C		<u>TH</u> PROPOSED AMENDM nd)	ENT:	\$1,129,314,362.67			
APPROVAL CRITER (select one)	RIA:	use of Non-Competi	tive Negotiati	on is in the best interest of the	state		
		only one uniquely qu	ualified servi	ce provider able to provide the	service		
ADDITIONAL REQU	IIRED RE	EQUEST DETAILS BELOW	/ (address ea	ch item immediately following the	requirement text)		
(1) description of th	he propo	osed additional service an	d amendmen	t effects :			
abuse requirements of updates various Refo	consisen orm requi	t with the newly formed Offi-	ce of Inspecto al requirement	requirements related to Risk requirements related to Risk requir General, strengthens Third Partis, adds additional Disease Managanges.	y Liability (TPL) requirements.		

(2) explanation of need for the proposed ame	ndment :	
This amendment is needed to clarify TennCare conform to changes, as well as provide needed a	hanges recently approved by mended financial requiremen	CMS and courts as well as modify the MCO contracts to ts and language clarifications.
(3) name and address of the proposed contra (not required if proposed contractor is a state	ctor's principal owner(s) : education institution)	
1769 Paragon Drive, Suite 100, Memphis, TN 38	132	
(4) documentation of OIR endorsement of the (required only if the subject service involves i	Non-Competitive procurem nformation technology)	nent request :
select one: Documentation Not	Applicable to this Request	Documentation Attached to this Request
(5) documentation of Department of Personne (required <u>only</u> if the subject service involves t	el endorsement of the Non-(raining for state employees)	Competitive procurement request :
select one: Documentation Not	Applicable to this Request	Documentation Attached to this Request
(6) description of procuring agency efforts to non-competitive negotiation :	identify reasonable, compe	fitive, procurement alternatives rather than to use
This Contractor is currently providing a network of	services for the TennCare P	rogram. This is an amendment to current contract.
(7) Justification of why the F&A Commissione	r should approve a Non-Coi	mpetitive Amendment :
The Bureau of TennCare is attempting to modify a amendment will allow continuation of services to administration requirements. TennCare would great Administration.	the enrollees and further clari	nform to recent changes in the Program. This fy their responsibilities, as well as modify financial of this amendment by the Department of Finance and
AGENCY HEAD REQUEST SIGNATURE: (must be signed by the ACTUAL procuring agency head as detailed on the Signature Certification on file with OCR — signature by an authorized signatory will be accepted only in documented exigent circumstances)		
	SIGNATURE DATE:	
	<u>etan depertuga bang</u> Pandukan Prikipang Pa	

		STING STILL	ACT SUMMARY	Sheir		
RFS Dhimbar	318.66-027		A Company of the Comp	្តចារាស្រីនាក់គ្នាស	FA-02-14862	?-09
Seio Agadey	Department of Finance a			elixiatan	Bureau of Tenn0	•
	E V C C C C C C C C C C C C C C C C C C				tica (Romifical)	कालीपताकार
UAHC Health	Plan of Tennessee,	Inc. (formerly Omni I	· · · · · · · · · · · · · · · · · · ·			·
			ે તેઓના ફાર્ટ્સ ઉક્સાળાઈ			
Managed Car	e Organization Servic	es/Medically necessar	y Health Care Servic	ces to the TennCa	are/Medicaid Po	pulation
	Confr	reliBerin Data			ទីស្សរៈម្ដៅខ្សារ	Dijo
7/1/2001				6/30/2006		
Alloumanteath)	Oppose Code		c) (Till)	ា ខិតកែទី១៤៦	ે કિમ્મેનુકામાં છેલા ક
318.66	410	134	11	☐ STARS		
			្រីវិយាធិបានខ្មែរមេរា			: [
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2002	\$ 51,609,348.00	\$ 90,477,095.00			\$	142,086,443.00
2003	\$ 78,601,400.00	\$ 135,928,600.00			\$	214,530,000.00
2004	\$ 84,244,743.02	\$ 152,832,176.65			\$	237,076,919.67
2005	\$ 99,190,700.00	\$ 168,619,800.00			\$	267,810,500.00
2006	\$ 99,190,700.00	\$ 168,619,800.00			\$	267,810,500.00
	¢ 442 826 804 60	↑ 74C 477 474 OF				
	\$ 412,836,891.02				\$	1,129,314,362.67
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		Pasa Confred 3 Pilor.		Pursuant to T.C.A., S	Section 9-6-113, I, N	M. D. Goetz, Jr.,
And the second second			Valvo membrendaskit		ance and Administa	ation, do hereby certify that
EV: 02	END DATE	12/31/2006 \$142.096.442.00	6/30/2006	required to be paid the	nie appropriation in hat is not otherwise	om which this obligation is encumbered to pay
FY: 02 FY: 03		\$142,086,443.00	, <u></u>	obligations previous		
FY: 03		\$214,530,000.00 \$237,076,919.67		·		
FY: 05		\$267,810,500.00				
FY: 06		\$267,810,500.00	· · · · · · · · · · · · · · · · · · ·			
FY: 07	<u> </u>	\$133,905,250.00	-\$133,905,250.00	ł		
	121(0)	\$1,263,219,612,67	-\$133,905,250.00 -\$133,905,250.00			

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CONTRACT #6 RFS # 318.66-028

Department of Finance & Administration/Bureau of TennCare

VENDOR: Volunteer State Health Plan, Inc.

APPROVED			
Commissioner	of Finance & A	Administratio	n
Date:		•	

A REQUEST (CAN NOT E	ns below indicates specific info BE CONSIDERED IF INFORMAT ICH OF THE REQUIREMENTS II	ION PROVIDE	nust be individually detailed or addr IS INCOMPLETE, NON-RESPONS	ressed <u>as required</u> . IVE, OR DOES NOT
RFS#	318.66-0				
STATE AGENCY	NAME:	Deparatment of Finance and	l Administratio	on, Bureau of TennCare	
SERVICE CAPTIC	ON:	Managed Care Organization TennCare/Medicaid Populat		dically Necessary Health Care Se	ervices to the
CONTRACT # FA-02-14859-00				16	
CONTRACTOR: Volunteer State Health Plan, Inc.					
CONTRACT STAI	RT DATE		July 1, 2001		
CURRENT, LATEST POSSIBLE END DATE: 12/31/2006 (including ALL options to extend)					
CURRENT MAXIN	MUM LIAE	IILITY :	\$3,235,252,	751.23	
LATEST POSSIB (including ALL opt		ATE <u>WITH</u> PROPOSED AMI tend)	ENDMENT:	12/31/2006	
TOTAL MAXIMUN (including ALL opt		VITH PROPOSED AMENDME tend)	ENT::	\$3,235,252,751.23	· · · · · · · · · · · · · · · · · · ·
APPROVAL CRIT (select one)	ERIA :	use of Non-Competit	ive Negotiati	on is in the best interest of the	state
		only one uniquely qu	alified servi	ce provider able to provide the	service
ADDITIONAL REC	QUIRED F	REQUEST DETAILS BELOW	(address ea	ch item immediately following the	requirement text)
[1] 유래프림의 교육하는 경기가 있는	r Milliodrick, Mich	posed additional service and the term of the agreement, clar		it effects : g requirements related to Risk req	uirements, updates fraud and
abuse requiremen updates various R	its consise leform req	ent with the newly formed Office	ce of Inspecto al requirement	r General, strengthens Third Part ts, adds additional Disease Mana	y Liability (TPL) requirements,

(2) explanation of need for the proposed amer	ndment :
It is necessary to amend this MCO agreement to the courts. Specifically, the language conforms to requirements and language clarifications.	extend the term as well as clarify TennCare changes recently approved by CMS and to changes specified in item (1) above as well as provides needed amended financial
(3) name and address of the proposed contraction (not required if proposed contractor is a state	ctor's principal owner(s) : education institution)
BlueCross BlueShield 801 Pine St Chattanooga	a,TN 37402
(4) documentation of OIR endorsement of the (required only if the subject service involves in	Non-Competitive procurement request : nformation technology)
select one: Documentation Not	Applicable to this Request Documentation Attached to this Request
(5) documentation of Department of Personne (required only if the subject service involves to	el endorsement of the Non-Competitive procurement request : raining for state employees)
select one: Documentation Not	Applicable to this Request Documentation Attached to this Request
(6) description of procuring agency efforts to i non-competitive negotiation :	identify reasonable, competitive, procurement alternatives rather than to use
This Contractor is currently providing a network of	services for the TennCare Program. This is an amendment to current contract.
(7) justification of why the F&A Commissioner	should approve a Non-Competitive Amendment :
amendment will allow continuation of services to t	all of the MCO contracts to conform to recent changes in the Program. This the enrollees and further clarify their responsibilities, as well as modify financial eatly appreciate the approval of this amendment by the Department of Finance and
AGENCY HEAD REQUEST SIGNATURE: (must be signed by the <u>ACTUAL</u> procuring agency head as detailed on the Signature	
Certification on file with OCR — signature by an authorized signatory will be accepted only in documented exigent circumstances)	
	SIGNATURE DATE:

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RP3 ()mm)ts	318.66-028				Oonimei Aunior	FA-02-14859-1	6
	Department of Finance a		,		Divisions	Bureau of TennCar	e
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7/1/2001			and the second	*.	12/31/2006		
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2002 2003	\$ 211,390,549.00	\$ 368,945,043.00				\$	580,335,592.00
2003	\$ 219,070,544.84 \$ 219,561,969.10	\$ 381,939,263.16 \$ 405,873,066.13		•		\$	601,009,808.00
2005	\$ 223,265,116.00	\$ 409,348,300.00				\$	625,435,035.23 632,613,416.00
2006	\$ 196,511,500.00	\$ 334,061,100.00				\$	530,572,600.00
2007	\$ 93,626,200.00	\$ 171,660,100.00				\$	265,286,300.00
ं ग्रेव्हा		\$ 2,071,826,872.29				\$	3,235,252,751.23
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Nederica Addreser	Scott Pierce 310 Great Circle Road				italia/dadamaa	Yamini? (ibar Qiylib 4)	
Phonos	Nashville, TN						
	(615)507-6415	Market and the second and the second				mand a lajenda i i	Nileds (197
	Freeding Analey s	দ্বার্থর, চুণু (ভে) সের্গর্গ করো :	े सम्बद्धाति	l, k,	ls in Godlador or	isīars?	
Scott Pierc					ട്ര നില മാണ് അവാദി	Forliyy-dairməti	DIV.
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	(COMPLETE FO	RALLAMENDMENISM	yriby) i e e e e e			Funding Cardiles	ion de la company
		i Besa Content - Pilêr Anomelmanis	ena la		Pursuant to T.C.A., S	ection 9-6-113, I, M. I	D. Goetz, Jr.,
	EVERY STATES	12/31/2006	ilais Amendac		Commissioner of Fina there is a balance in t	ance and Administatio	n, do hereby certify that which this obligation is
FY: 02		\$580,335,592.00		\$0.00	required to be paid th	at is not otherwise en	cumbered to pay
FY: 03		\$601,009,808.00		\$0.00	obligations previously	incurred.	
FY: 04		\$625,435,035.23		\$0.00			
FY: 05		\$632,613,416.00		\$0.00			
FY: 06		\$530,572,600.00		\$0.00		•	·
FY: 07	्र <mark>ग</mark> ्रेशिः	\$265,286,300.00 \$3,235,252,751.23		\$0.00			
Carlotte Company of the Company of t		φυ,Ζυυ,ΖυΖ,701.Ζ3		\$0.00			4

CONTRACT #7 RFS # 318.66-029

Department of Finance & Administration/Bureau of TennCare

VENDOR:
John Deere (formerly
Heritage National Health
Plan of TN)

APPROVED

	Commissioner of Finance & Administration Date:
Each of the request items below indicates specific info A REQUEST CAN NOT BE CONSIDERED IF INFORMA CLEARLY ADDRESS EACH OF THE REQUIREMENTS	ormation that <u>must</u> be individually detailed or addressed <u>as required.</u> TION PROVIDED IS INCOMPLETE, NON-RESPONSIVE, OR DOES NOT INDIVIDUALLY AS REQUIRED.
RFS# 318.66-029	
STATE AGENCY NAME: Deparatment of Finance an	d Administration, Bureau of TennCare
SERVICE CAPTION: Managed Care Organization TennCare/Medicaid Popula	n Services/Medically Necessary Health Care Services to the tion
CONTRACT# FA-02-14860-00	PROPOSED AMENDMENT # 8
CONTRACTOR: John Deere (formerly Herita	ge National Health Plan of TN)
CONTRACT START DATE:	July 1, 2001
CURRENT, LATEST POSSIBLE END DATE : (including ALL options to extend)	12/31/2006
CURRENT MAXIMUM LIABILITY:	\$829,121,057.57
LATEST POSSIBLE END DATE <u>WITH</u> PROPOSED AMI (<u>including</u> ALL options to extend)	ENDMENT: 12/31/2006
TOTAL MAXIMUM COST WITH PROPOSED AMENDME (including ALL options to extend)	*\$829,121,057.57
APPROVAL CRITERIA : use of Non-Competiti	ive Negotiation is in the best interest of the state
only one uniquely qu	nalified service provider able to provide the service
ADDITIONAL REQUIRED REQUEST DETAILS BELOW	(address each item immediately following the requirement text)
(1) description of the proposed additional service and	d amendment effects :
abuse requirements consisent with the newly formed Office	ifies reporting requirements related to Risk requirements, updates fraud and ce of Inspector General, strengthens Third Party Liability (TPL) requirements, all requirements, adds additional Disease Management requirements with sekeeping changes.

(2) explanation of need for the proposed amend	dment :
It is necessary to amend this MCO agreement to exthe courts. Specifically, the language conforms to requirements and language clarifications.	xtend the term as well as clarify TennCare changes recently approved by CMS and changes specified in item (1) above as well as provides needed amended financial
(3) name and address of the proposed contract (not required if proposed contractor is a state of	tor's principal owner(s) : education institution)
408 North Cedar Bluff Road, Suite 400, Knoxville,	TN 37923
(4) documentation of OIR endorsement of the N (required only if the subject service involves in	Ion-Competitive procurement request : formation technology)
select one: Documentation Not A	pplicable to this Request Documentation Attached to this Request
(5) documentation of Department of Personnel (required only if the subject service involves tra	endorsement of the Non-Competitive procurement request : aining for state employees)
select one: Documentation Not A	pplicable to this Request Documentation Attached to this Request
(6) description of procuring agency efforts to id non-competitive negotiation :	lentify reasonable, competitive, procurement alternatives rather than to use
This Contractor is currently providing a network of s	services for the TennCare Program. This is an amendment to current contract.
(7) justification of why the F&A Commissioner (should approve a Non-Competitive Amendment :
amendment will allow continuation of services to the	of the MCO contracts to conform to recent changes in the Program. This is enrollees and further clarify their responsibilities, as well as modify financial atly appreciate the approval of this amendment by the Department of Finance and
AGENCY HEAD REQUEST SIGNATURE: (must be signed by the ACTUAL procuring agency head as detailed on the Signature Certification on file with OCR — signature by an authorized signatory will be accepted only in documented exigent circumstances)	
	SIGNATURE DATE:

		CONTR	ACTISUMMARY	SHET		
RES Numberz	318.66-029			Goniraci Number	FA-02-14860-08	CONTRACTOR
State/Agency:	Department of Finance a	nd Administration		DIVISION !	Bureau of TennCare	
		ontración (44)		A A CONTRACTOR	aciddentifications	Vumber a ale tak sa
JOHN DEERE	(formerly Heritage l	National Health Plan	of TN)	│		
			Service Description			
i e	Organization Service					ation
	Contra	ct Begin Date ()			Contract End Dat	9.4
7/1/2001		· .		12/31/2006		THE REAL PROPERTY OF THE PROPE
Allotment/Code	WaCost Center &	Bbject Code W &	Marsa Jamés Jawa	Own Game &	Grant Code &	M Subgrant Gode
318.66	414	134	11	☐ STARS		
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding		Amount (including lendments
2002	\$ 46,137,900.00				\$	127,022,919.00
2003	\$ 50,389,400.00				\$	137,049,700.00
2004	\$ 49,908,299.02			·	\$	140,449,188.57
2005	\$ 62,904,600.00				\$	169,839,700.00
2006 2007	\$ 62,904,600.00 \$ 29,970,350.00					\$ 169,839,700.00
2007		\$ 54,949,500.00 \$ 526,905,908.55			\$	84,919,850.00
The state of the s	93.778 Title XIX Dept		N	Kalaban sanggan	3	829,121,057.57
			Services	NATIONAL PROPERTY OF THE PROPE	CONTRACTOR OF THE PROPERTY OF THE PROPERTY OF THE PARTY O	/Wheatiever is Yes
Name:	Scott Pierce	scal Contract		istic Contectora St	JBRECIPIENTA (per	OMB/ASISS) (8.14.
Address:	310 Great Circle Road			is the Contractorary	anhe/maone.v	EN .
Phone:	Nashville, TN					
	(615)507-6415	in in a kanana da a a a a a a a a a a a a a a a a		Isither iscally ear Fur	ding Strienly Lim	m≡ez sa kala
ik i i i i i i i i i i i i i i i i i i	recuring Agency Budg	etl@fficer/Approval Si	gnature)	Is the Contractor on s		
Scott Pierce				ladia Contradora Fo	วลกางษา สุดสิงค์แสม	
DOOR FICE				SECTION AND PROPERTY OF		
	ECOMPLETE FOR IA	ISTAMENDMENTSVA	TAVABLEBUS SARSONARIA EN E	Isithe Contractor's Fo		
		Base Contract & Prior		Pursuant to T.C.A., Se	unuingsenificatio	n de la
		Amendments	Tals Amendment ONLY	Commissioner of Finan	ice and Administation,	do hereby certify that
	A RESERVED DATE:	12/31/2006		there is a balance in the	e appropriation from v	which this obligation is
FY: 02		\$127,022,919.00		required to be paid that obligations previously it		imbered to pay
FY: 03		\$137,049,700.00	<u></u>	g_cone proviously (
FY: 04		\$140,449,188.57	·	· · · · · · · · · · · · · · · · · · ·		
FY: 05 FY: 06		\$169,839,700.00				
-1:00 -Y:07		\$169,839,700.00 \$84,919,850.00				
	a su	\$829,121,057.57	\$0.00	,		
THE RESERVE AND ADDRESS OF THE PARTY OF THE		ψυΖο, 12 1,007.07	φυ.υυ			

CONTRACT #8 RFS # 318.66-032

Department of Finance & Administration/Bureau of TennCare

VENDOR:
Preferred Health Plan

APPROVED		
Commission	er of Finance & Administration	

A REQUEST CAN NOT E	ns below indicates specific info BE CONSIDERED IF INFORMA ICH OF THE REQUIREMENTS	TION PROVIDE	nust be individually detailed or add D IS INCOMPLETE, NON-RESPON	iressed <u>as required.</u> SIVE, OR DOES NOT	
RFS# 318.66-0		INDIVIDUALLY	AS REQUIRED.		
STATE AGENCY NAME:	Deparatment of Finance an	d Administrati	on, Bureau of TennCare		
SERVICE CAPTION:	Managed Care Organization TennCare/Medicaid Popula	n Services/Me tion	dically Necessary Health Care S	ervices to the	· · · · · · · · · · · · · · · · · · ·
CONTRACT#	FA-02-14863-00		PROPOSED AMENDMENT #	8	
CONTRACTOR;	Preferred Health Plan				
CONTRACT START DATE		July 1, 2001			
CURRENT, LATEST POSSI (including ALL options to ext		12/31/2006			
CURRENT MAXIMUM LIAB	ILITY:	\$1,284,647,	527.67		
LATEST POSSIBLE END D. (including ALL options to ext	ATE <u>WITH</u> PROPOSED AM end)	ENDMENT:	12/31/2006		
TOTAL MAXIMUM COST W (including ALL options to extension	<u>/ITH</u> PROPOSED AMENDMI end)	ENT:	\$1,284,647,527.67		
APPROVAL CRITERIA : (select one)	use of Non-Competit	tive Negotiati	on is in the best interest of the	state	
	only one uniquely qu	ualified servic	e provider able to provide the	service	
ADDITIONAL REQUIRED R	EQUEST DETAILS BELOW	' (address ead	ch item immediately following the	requirement text)	
(1) description of the prop	osed additional service an	d amendmen	t effects :		
abuse requirements consiser	nt with the newly formed Offic uirements, strengthens appea	ce of Inspecto al requirement	requirements related to Risk req r General, strengthens Third Par s, adds additional Disease Mana inges.	ty Liability (TPL) requ	uirements.

(2) explanation of need for the proposed amer	ndment :
It is necessary to amend this MCO agreement to a the courts. Specifically, the language conforms requirements and language clarifications.	extend the term as well as clarify TennCare changes recently approved by CMS and to changes specified in item (1) above as well as provides needed amended financial
(3) name and address of the proposed contraction (not required if proposed contractor is a state	ctor's principal owner(s) : education institution)
1420 Centerpoint Blvd., Knoxville, TN 37932	
(4) documentation of OIR endorsement of the (required only if the subject service involves in	Non-Competitive procurement request : information technology)
select one: Documentation Not	Applicable to this Request Documentation Attached to this Request
(5) documentation of Department of Personne (required <u>only</u> if the subject service involves to	el endorsement of the Non-Competitive procurement request : training for state employees)
select one: Documentation Not	Applicable to this Request Documentation Attached to this Request
(6) description of procuring agency efforts to in non-competitive negotiation:	identify reasonable, competitive, procurement alternatives rather than to use
This Contractor is currently providing a network of	f services for the TennCare Program. This is an amendment to current contract.
(7) justification of why the F&A Commissioner	r should approve a Non-Competitive Amendment :
amendment will allow continuation of services to t	all of the MCO contracts to conform to recent changes in the Program. This the enrollees and further clarify their responsibilities, as well as modify financial eatly appreciate the approval of this amendment by the Department of Finance and
AGENCY HEAD REQUEST SIGNATURE: (must be signed by the ACTUAL procuring agency head as detailed on the Signature Certification on file with OCR — signature by an authorized signatory will be accepted only in documented exigent circumstances)	
	SIGNATURE DATE:

		GONTR	ast Bumplar	YSHEET		
सहविधिवासीवाह	318.66-032	And the second and th		Senterei Numbije	FA-02-14863-08	3
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	de la companyación de	ontrador		Goni V-	ក្រស់ ស្រែកពីស្រែងសា	Nemilear
PREFERRED	HEALTH PLAN		- ราลห์ที่คอ พิศิราศาสต์เก	□ C-	e in film the franch personality for it and it was been at a state or a state man a second of a second of a	
Managed Car	e Organization Servic	and the same of th	era Transport	diamental de la companya de la comp	are/Medicaid Pop	ulation
	Conten	ist Raghi Pato			Confere and De	o la
7/1/2001				12/31/2006		·
Allomeni Geij	o Book Grantor Book	05)pet(60:i3)	ami -	Grant	II. Cradesia	Subjection Code
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₽γ	Sale Funds	Fadael Funds	mierdepartoanië Frinds) Other Funcilies	Tael Gartes	Ameun (ingluding) Genemania
2002	\$ 78,953,471.00	\$ 138,414,473.00	7511125	STATES INCOMENDED	\$	217,367,944.00
2003	\$ 64,946,700.00	\$ 111,774,800.00	- · · · · · · · · · · · · · · · · · · ·		\$	176,721,500.00
2004	\$ 83,013,699.12	\$ 150,598,884.55			\$	233,612,583.67
2005	\$ 97,326,850.00	\$ 165,451,350.00			\$	262,778,200.00
2006	\$ 97,326,850.00	\$ 165,451,350.00			\$	262,778,200.00
2007	\$ 46,370,500.00	\$ 85,018,600.00			\$	131,389,100.00
adir, inte	\$467,938,070.12	\$ 816,709,457.55			\$	1,284,647,527.67
FLA CEDARA	93.778 Title XIX Der	ot. of Health and Human	Services		्रीक्षित्रं स्त्रीत क्रिक्स्पीरी	Militina answerds MES.
		Asian Comunic		। अप्राप्त दिवासम्बद्धाः व	HUBRERIA (EXT) ? (DE	POME ANGEN
Mante Andress	Scott Pierce 310 Great Circle Road			is in Consector a	yandari (sarQNE)	d(38)
Pidenex	Nashville, TN (615)507-6415			is no fiscal year fo	milio Strictly U	
	Proguenci Acensy Buc	lget Diffeer Approved S	lgpagijir)	iside Contrelor d		
Scott Pierce				iş ilin Coninana?s.)		1 07
Scott Fierce				le the Contractor's	in Welfilm with	Aegounes)
	GONIPLENE FOR		DM)		Punding Cardina	
		Terres contraet is 17407 Amendinents	īdis Amendineau (20)		Section 9-6-113, I, M.	D. Goetz, Jr., on, do hereby certify that
	ENDIGATE	and the state of the community and the state of the state				n which this obligation is
FY: 02	38119707511	\$217,367,944.00		required to be paid th	at is not otherwise er	
FY: 03		\$176,721,500.00		obligations previously	y incurred.	
FY: 04		\$233,612,583.67				
FY: 05		\$262,778,200.00				<u> </u>
FY: 06		\$262,778,200.00	* ******			
FY: 07		\$131,389,100.00				
DESCRIPTION OF THE PARTY OF THE	TO SEE	\$1,284,647,527.67	\$0.	.00		

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CONTRACT #9 RFS # 318.66-033

Department of Finance & Administration/Bureau of TennCare

VENDOR: VHP Care, Inc.

APPROVED				
		·		
Commission	er of Finance	& Admin	istration	·

A REQUEST CAN NOT I	ns below indicates specific information t BE CONSIDERED IF INFORMATION PRO ACH OF THE REQUIREMENTS INDIVIDUA	hat <u>must</u> be individually detailed or addressed <u>as required</u> . VIDED IS INCOMPLETE, NON-RESPONSIVE, OR DOES NOT ALLY AS REQUIRED.
RFS# 318,66-0	033	
STATE AGENCY NAME:	Deparatment of Finance and Adminis	stration, Bureau of TennCare
SERVICE CAPTION:	Managed Care Organization Service TennCare/Medicald Population	s/Medically Necessary Health Care Services to the
CONTRACT#	FA-02-14864-00	PROPOSED AMENDMENT # 8
CONTRACTOR:	VHP Care, Inc.	
CONTRACT START DATE	July 1,:	2001
CURRENT, LATEST POSS (including ALL options to ext		006
CURRENT MAXIMUM LIAB	SILITY: \$346,7°	10,139.48
LATEST POSSIBLE END D (including ALL options to ext	ATE <u>WITH</u> PROPOSED AMENDMEN end)	T: 12/31/2006
TOTAL MAXIMUM COST W (including ALL options to ext	<u>/ITH</u> PROPOSED AMENDMENT : tend)	\$346,710,139.48
APPROVAL CRITERIA : (select one)	use of Non-Competitive Nego	tiation is in the best interest of the state
	only one uniquely qualified se	ervice provider able to provide the service
ADDITIONAL REQUIRED R	REQUEST DETAILS BELOW (address	s each item immediately following the requirement text)
(1) description of the prop	osed additional service and amend	nent effects :
abuse requirements consise updates various Reform requ	nt with the newly formed Office of Insp	rting requirements related to Risk requirements, updates fraud and ector General, strengthens Third Party Liability (TPL) requirements, nents, adds additional Disease Management requirements with changes.

(2) explanation of need for the proposed amen	idment :	
It is necessary to amend this MCO agreement to e the courts. Specifically, the language conforms to requirements and language clarifications.	extend the term as well as cl o changes specified in item	larify TennCare changes recently approved by CMS and (1) above as well as provides needed amended financial
(3) name and address of the proposed contrac (not required if proposed contractor is a state		
215 Centerview Drive, Suite 300, Brentwood, TN	37027	
(4) documentation of OIR endorsement of the (required only if the subject service involves in	Non-Competitive procurer formation technology)	ment request :
select one: Documentation Not A	Applicable to this Request	Documentation Attached to this Request
(5) documentation of Department of Personnel (required only if the subject service involves tr	endorsement of the Non- aining for state employees)	-Competitive procurement request :
select one: Documentation Not A	Applicable to this Request	Documentation Attached to this Request
(6) description of procuring agency efforts to i non-competitive negotiation :	dentify reasonable, comp	etitive, procurement alternatives rather than to use
This Contractor is currently providing a network of	services for the TennCare F	Program. This is an amendment to current contract.
(7) justification of why the F&A Commissioner	should approve a Non-Co	ompetitive Amendment :
The Bureau of TennCare is attempting to modify a amendment will allow continuation of services to the administration requirements. TennCare would great Administration.	he enrollees and further cla	onform to recent changes in the Program. This rify their responsibilities, as well as modify financial I of this amendment by the Department of Finance and
AGENCY HEAD REQUEST SIGNATURE: (must be signed by the ACTUAL procuring agency head as detailed on the Signature Certification on file with OCR — signature by an authorized signatory will be accepted only in documented exigent circumstances)	SIGNATURE DATE:	
	SIGNATURE DATE:	

		(GO)/ITI	YAGIF SUMMARY			
सन्दर्भागाः हिन्स	318.66-033	A TANGA MARAMATAN AND AND AND AND AND AND AND AND AND A		केकाराज्य देशियाचेवतः	FA-02-14864-0	8
Sinte Asgneys	Department of Finance	and Administration		Divisions	Bureau of TennCar	e
		robenino			ក្សាស្វាម៉េនា(ពីរឿមឈើរ៉េរ	Denis o
VHP CARE, II	NC			│		•
			Sarvice Description			
Managed Care	e Organization Servi	ces/Medically necess	ary Health Care Serv	ices to the TennCa	re/Medicaid Pop	ulation
	. Ganir	व्यासी जीवा है।			Controlland de	(0)
7/1/2001				12/31/2006	and the second s	di d
Automent Gode	উত্তর উল্লাল	(চ) চাত্ত (ক্রেড্র)	Fine:	a file General State	la emirenia (i Submant@pep
318.66	420	134	. 11	☐ STARS		
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding		Amount (including nendments
2002	\$ 23,953,123.00	\$ 41,992,567.00			\$	65,945,690.00
2003	\$ 20,079,800.00	\$ 34,576,600.00			\$	54,656,400.00
2004	\$ 16,554,335.33	\$ 30,031,964.15			\$	46,586,299.48
2005	\$ 26,596,250.00	\$ 45,212,450.00			\$	71,808,700.00
2006 2007	\$ 26,596,250.00 \$ 12.671.550.00	\$ 45,212,450.00			\$	71,808,700.00
2007 File (1768)	+	\$ 23,232,800.00 \$ 220,258,831.15	¢	\$ -	\$	35,904,350.00
GPD/W	-//	pt. of Health and Huma			Account to the first of the fir	346,710,139.48
	and the second second second second second		Trade vices	at house of annual consistent annual management in our		
Name;	Scott Pierce	iseal Contract	Marie A. C.	ទ្រ ម៉ា១ ចិញ្ចាប្រជន្រាំចាគ ទិ	에러워크이카(PE	((#20-4/19))
Address:	310 Great Circle Road			latine Contractor a V	anedow (dan Give A	459)
Phone:	Nashville, TN				interior company of the	
	(615)507-6415			Is the Reenlingar Ru		
	roetrine Asansy Ste	gaticingar Approveds	or emistral	k de Concessor de	SVARS3	
Scott Pierce		•		s in Connective s	OF THE VALUE OF THE	Dr.
OCOLL FIELGE			e e e	ទីមិននិង្សាមិននេះ	Shann Arman ann	
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	- 2310 35415 J. 20	, and a production of the control of	3.57	Pursuant to T.C.A., Se	unding Carrinea ection 9-6-113 L.M. I	
		Amendidudus	This Amendment Oxily	Commissioner of Final	nce and Administatio	n, do hereby certify that
	BYDDYLB	12/31/2006				which this obligation is
FY: 02		\$65,945,690.00		required to be paid that obligations previously		cumpered to pay
FY: 03		\$54,656,400.00		- Industrial providually		
FY: 04		\$46,586,299.48		4 .		
FY: 05		\$71,808,700.00 \$71,808,700.00				
FY: 06 FY: 07		\$71,808,700.00 \$35,904,350.00		-		
disposacionalista carda distanta ambitratival a	Tour	\$346,710,139.48				

CONTRACT #10 RFS # 318.66-017

Department of Finance & Administration/Bureau of TennCare

VENDOR:

Unison Health Plan of Tennessee, Inc. (formerly Better Health Plans, Inc.)

APPROVED	
·	
Commissioner of Finance & Administration	
Date:	

A REQUEST CAN NOT	ns below indicates specific info BE CONSIDERED IF INFORMATI ACH OF THE REQUIREMENTS IN	ION PROVIDE	i <u>ust</u> be individually detailed or addressed <u>as required.</u> D IS INCOMPLETE, NON-RESPONSIVE, OR DOES NOT AS REQUIRED.			
RFS# 318.66-0	017					
STATE AGENCY NAME:	Deparatment of Finance and	l Administratio	on, Bureau of TennCare			
SERVICE CAPTION:	Managed Care Organization TennCare/Medicaid Populati		dically Necessary Health Care Services to the			
CONTRACT#	FA-02-14858-00		PROPOSED AMENDMENT # 9			
CONTRACTOR:	CONTRACTOR: Unison Health Plan of Tennessee, Inc. (formerly Better Health Plans, Inc.)					
CONTRACT START DATE	:	July 1, 2001				
CURRENT, LATEST POSS (including ALL options to ex		12/31/2006				
CURRENT MAXIMUM LIAB	BILITY:	\$462,601,35	9.65			
LATEST POSSIBLE END D (including ALL options to ex	DATE <u>WITH</u> PROPOSED AME tend)	NDMENT:	12/31/2006			
TOTAL MAXIMUM COST V (including ALL options to ex	<u>VITH</u> PROPOSED AMENDME tend)	INT:	\$462,601,359.65			
APPROVAL CRITERIA : (select one)	use of Non-Competiti	ive Negotiati	on is in the best interest of the state			
	only one uniquely qu	alified servic	e provider able to provide the service			
ADDITIONAL REQUIRED F	REQUEST DETAILS BELOW	(address ea	ch item immediately following the requirement text)			
(1) description of the proj	posed additional service and	l amendmen	l effects			

(2) explanation of need for the proposed amendment :	
It is necessary to amend this MCO agreement to extend the term as well as clarify TennCare changes recently approved by CMS and the courts. Specifically, the language conforms to changes specified in item (1) above as well as provides needed amended financial requirements and language clarifications.	
(3) name and address of the proposed contractor's principal owner(s) : (not required if proposed contractor is a state education institution)	
890 Willow Tree Circle, Cordova, TN 38018	·
(4) documentation of OIR endorsement of the Non-Competitive procurement request: (required only if the subject service involves information technology)	
selectione: Documentation Not Applicable to this Request Documentation Attached to this Request	
(5) documentation of Department of Personnel endorsement of the Non-Competitive procurement request : (required only if the subject service involves training for state employees)	
selectione: Documentation Not Applicable to this Request Documentation Attached to this Request	
(6) description of procuring agency efforts to identify reasonable, competitive, procurement alternatives rather than to use non-competitive negotiation :	
This Contractor is currently providing a network of services for the TennCare Program. This is an amendment to current contract.	
(7) justification of why the F&A Commissioner should approve a Non-Competitive Amendment :	
The Bureau of TennCare is attempting to modify all of the MCO contracts to conform to recent changes in the Program. This amendment will allow continuation of services to the enrollees and further clarify their responsibilities, as well as modify financial administration requirements. TennCare would greatly appreciate the approval of this amendment by the Department of Finance and Administration.	
	<u> </u>
AGENCY HEAD REQUEST SIGNATURE: (must be signed by the ACTUAL procuring	
agency head as detailed on the Signature Certification on file with OCR — signature by an authorized signatory will be accepted only in documented exigent circumstances)	•
SIGNATURE DATE:	

			hirvagii Summa	rysheat.				
AFS dupubars	318.66-017			Pontrie Number FA-02-14858-09				
St. W. Ajjena//	Department of Finance and Administration			Divisions Bureau of TennCare				
(formerly Bet	h Plan of Tennesse ter Health Plans, Ind	e, Inc.	Starylka Devello					
наумбун (+ колой баз (Инцика) колойнаваный согуна в Майнбай алдаг		ces/Medically necess	my particular (color Color) and translated field to made translated (color) (1) (All Colors)	Mar (Chr) (rice and Qilin and an explication from Styles (1991) apply and the	are/Medicaid Pop	ulation		
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2002	\$ 26,124,717.00	\$ 45,799,618.00			\$	71,924,335.0		
2003	\$ 26,541,000.00	\$ 45,753,600.00			\$	72,294,600.0		
2004	\$ 27,913,691.56	\$ 50,639,483.09		1	\$	78,553,174.6		
2005	\$ 35,530,800.00	\$ 60,400,900.00		+	\$	95,931,700.0		
2006	\$ 35,530,800.00	\$ 60,400,900.00		1	\$	95,931,700.0		
2007	I C 12 000 250 00 I	© 24 027 E00 00						
2007	\$ 16,928,350.00 \$ \$168,569,358,56	\$ 31,037,500.00			\$	47,965,850.0		
vi vojel	\$168,569,358.56	\$ 294,032,001.09	2 Sandicae		\$	47,965,850.0 462,601,359.6		
ide yoʻldi	\$168,569,358.56 93.778 Title XIX De	\$ 294,032,001.09 pt. of Health and Humar	n Services		\$ \$ \$ Ghowathin	47,965,850.00 462,601,359.69		
Total -Sadayi	\$168,569,358.56 93.778 Title XIX De	\$ 294,032,001.09	n Services		\$	47,965,850.00 462,601,359.65		
Tokil Ordays	\$168,569,358.56 93.778 Title XIX De State III Scott Pierce	\$ 294,032,001.09 pt. of Health and Humar	n Services	ម នៃវេល ទីវត្ វដែលម៉ាកន់ទី	\$.GASERITE GASERITE GASERIEUR	47,965,850.0 462,601,359.6 598(9))LY (1018 2018 2018 19 (0)13 A=163)		
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CONTRACT #11 RFS # 318.66-030

Department of Finance & Administration/Bureau of TennCare

VENDOR:
Memphis Managed Care
Corporation (TLC)

APPROV	ED				•
Commiss	ioner of Fi	inance & A	dministrat	on	
Date:	//O1101 C				

Each of the request items below indicates specific infon A REQUEST CAN NOT BE CONSIDERED IF INFORMATION CLEARLY ADDRESS EACH OF THE REQUIREMENTS IN	ON PROVIDED	IS INCOMPLETE, NON-RESPONS	ressed <u>as required.</u> :IVE, OR DOES NOT
RFS# 318.66-030			
STATE AGENCY NAME: Deparatment of Finance and	Administration	n, Bureau of TennCare	
SERVICE CAPTION: Managed Care Organization TennCare/Medicaid Population		ically Necessary Health Care Se	ervices to the
CONTRACT# FA-02-14861-00	1000	PROPOSED AMENDMENT#	9
CONTRACTOR: Memhis Managed Care Corp	oration (TLC)		
CONTRACT START DATE:	July 1, 2001		
CURRENT, LATEST POSSIBLE END DATE : (including ALL options to extend)	12/31/2006		:
CURRENT MAXIMUM LIABILITY :	\$1,967,225,2	52.97	
LATEST POSSIBLE END DATE WITH PROPOSED AME (including ALL options to extend)	NDMENT:	12/31/2006	
TOTAL MAXIMUM COST <u>WITH PROPOSED AMENDMEN</u> (<u>including</u> ALL options to extend)	NT:	\$1,967,225,252.97	
APPROVAL CRITERIA : use of Non-Competitive (select one)	ve Negotiatio	n is in the best interest of the	state
only one uniquely qua	alified service	provider able to provide the	service
ADDITIONAL REQUIRED REQUEST DETAILS BELOW	(address each	n item immediately following the	requirement text)
(1) description of the proposed additional service and	amendment	effects :	
This amendment extends the term of the agreement, clarificative requirements consisent with the newly formed Office updates various Reform requirements, strengthens appeal possible performance payments, and makes various house	e of Inspector requirements	General, strengthens Third Part, adds additional Disease Mana;	y Liability (TPL) requirements,

(2) explanation of n	need for the proposed amen	dment :	
It is necessary to am the courts. Specifica requirements and lan	lly, the language conforms to	extend the term as well as cl o changes specified in item (arify TennCare changes recently approved by CMS and 1) above as well as provides needed amended financial
	ess of the proposed contrac roposed contractor is a state		
1407 Union Avenue,	Suite 210, Memphis, TN 381	04	
	of OIR endorsement of the I the subject service involves in		nent request :
select one:	Documentation Not A	Applicable to this Request	Documentation Attached to this Request
(5) documentation (required <u>only</u> if t	of Department of Personnel the subject service involves tr	endorsement of the Non- aining for state employees)	Competitive procurement request :
select one:	Documentation Not A	Applicable to this Request	Documentation Attached to this Request
(6) description of p non-competitive	rocuring agency efforts to be negotiation:	dentify reasonable, compe	titive, procurement alternatives rather than to use
This Contractor is cui	rrently providing a network of	services for the TennCare P	rogram. This is an amendment to current contract.
(7) justification of v	vhy the F&A Commissioner	should approve a Non-Co	mpetitive Amendment :
amendment will allow	w continuation of services to tl	ne enrollees and further clar	nform to recent changes in the Program. This ify their responsibilities, as well as modify financial of this amendment by the Department of Finance and
(must be signed by the agency head as detail Certification on file with the control of the contr	QUEST SIGNATURE: ne ACTUAL procuring iled on the Signature ith OCR — signature by an will be accepted only in		
documented exigent		SIGNATURE DATE:	
dare it de told to teleficiel		5.60 : 100 : 100 (20 20 원 원 원 원 원 원 원 원 원 원 원 원 원 원 원 원 원	

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MemPHIS MANAGED CARE CORPORATION (TLC)	RFS Nimber	318.66-030			િકાર્યાત છે. દ્વાપાણ કરવા	Garinasi Numbar: FA-02-14861-09			
Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicald Population	Mala Aganey:	Department of Finance	and Administration		Control of the state of the sta				
Sarvisa Description			Contrador						
Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicald Population	MEMPHIS N	MANAGED CARE CO	DRPORATION (TLC)		1	-			
7/1/2001 12/31/2006 Allomant Gods				Sarvica Dagerjaji	M				
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State Flants	Andreas security assessment and advantaged of	Ćoi	veni Benji Date			Source Biolde	<u> </u>		
STARS	7/1/2001				12/31/2006				
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2004 \$122,140,879.32 \$221,581,261.65 \$343,722,140.97									
2005 \$145,810,850.00 \$ 247,872,250.00 \$ 393,683,100.00				· ·					
2006 \$145,810,850.00 \$ 247,872,250.00 \$ 393,683,100.00 2007 \$69,470,350.00 \$ 127,371,200.00 \$ 196,841,550.00 Total									
### \$716,709,291.32 \$ 1,250,515,961.65 \$ 1,967,225,252.97 GFDAW 93.778 Title XIX Dept. of Health and Human Services \$1,967,225,252.97 State of Beal Confirms						\$			
GFDAW 93.778 Title XIX Dept. of Health and Human Services State if Iseai Continue: Scott Pierce Address: 310 Great Circle Road Nashville, TN (615)507-6415 Progunting Address Approval Stepature By the Contractor on SVARSY Is the Contractor on SVARSY	2007		\$ 127,371,200.00						
State (Fiscal Contract) Name: Scott Pierce Address: Address: Phone: Phone: Proguning Adjancy Budget Officer Approval Stemature Is the Contractor on Stars?	a a latomi	\$716,709,291.32	\$ 1,250,515,961.65						
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Name: Scott Pierce 310 Great Circle Road Usuna Sonitation of Vandor? (par 可)(E Anis) Phones		Sm	a Figeral Contract		sine Connectors	લ્લા ભાષદાવાદદાસદાપદ	AND MEN AND AND AND AND AND AND AND AND AND AN		
Phones Nashville, TN (615)507-6415 Is the Agent Year Funding STRIGIE? LUTTED? Proguning Agency Burling Agency Burling (Officer Agencyal Signature) Is the Contractor on STARS? Using Contractor Strict (Velocity Agency Strict)	Maria de la companya del companya de la companya del companya de la companya de l	il .				مسترثرة بالمستشر فيستشر سناف لستراج التستفيسيات	فالمرابعة أمدور ويستبد ويتماني ويستبد والمرابع والمرابع		
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Scott Pierce Is the Contractor's #970\ W-97\77A6FISD?				S.J. State Co.	lease, married accountation was attracted to a business and	Contrate mile and all a conference characteristics are device. And the branch from	makem ferdebegiebilg jedig giberenter prebinner benjungeren geni jung gementerpropiet		
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Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr.,			Bese Conicio & Pilot		Pursuant to T.C.A., S	ection 9-6-113, I, M. D	D. Goetz, Jr.,		
Tris Amendment ONLY Commissioner of Finance and Administration, do hereby certify that				Vide Amendment O					
required to be gaid that is not otherwise encumbered to pay		ENDOVIES			•		•		
FY: UZ 5297,034,002.00 obligations previously incurred				· · · · · · · · · · · · · · · · · · ·					
FY: 03 \$342,241,300.00 Singularis presidually means at the second of the							• • •		
FY: 05 \$393,683,100.00				· · · · · · · · · · · · · · · · · · ·	·				
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